



South Dakota
Board of Social Worker Examiners
135 East Illinois Suite 214
Spearfish, SD 57783-2446

Supervisee: _____

Supervisor: _____

Date completed: _____

COMPLETION OR TERMINATION OF SUPERVISION

GENERAL INSTRUCTIONS TO SUPERVISORS COMPLETING THIS FORM:

1. Please complete all items. Please print or type.
2. The Board assumes that you, in recommending this candidate, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you at a later date.

I, _____, License # _____

Licensed as a _____,

certify that I supervised _____,

in the field of social work while employed at _____,

from _____ to _____, who worked _____ hours per week.

I gave _____ hours of supervision per week for a total of _____ hours of supervision.

1. Title of Supervisee's position: _____

2. Supervisee's duties and responsibilities: _____

3. Supervision Completed as required in SDCL 36-26-17.(2): ☐ Yes ☐ No

4. Reason for termination or interruption of supervision: _____

5. Extent of knowledge of supervisee's professional and ethical behaviors:

☐ Limited ☐ Moderate ☐ Thorough

6. In your opinion, do you certify that the supervisee meets the qualifications of South Dakota licensure law?

☐ Yes ☐ No

7. Please check the appropriate box: I, ☐ highly recommend, ☐ recommend, ☐ recommend with Reservation, ☐ do not recommend the supervisee for licensure, ☐ Supervision not complete.

Attach a detailed explanation if you checked, recommend with reservation or do not recommend.

NAME AND TITLE OF SUPERVISOR: _____

TELEPHONE: _____

SIGNATURE OF SUPERVISOR: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE: _____

The original of this form must be mailed to:

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